



OFFICE OF ADMINISTRATION
OFFICE OF SUPPLIER AND WORKFORCE DIVERSITY
MBE/WBE CERTIFICATION PROGRAM

MINORITY/WOMEN BUSINESS ENTERPRISE ANNUAL UPDATE

301 W. HIGH STREET
ROOM 630
P.O. BOX 809
JEFFERSON CITY, MO 65102

To be submitted within ten days prior to your certification anniversary date. THIS ANNUAL UPDATE FORM IS REQUIRED BY OSWD IN ORDER TO KEEP YOUR MBE OR WBE ELIGIBILITY STATUS.

GENERAL INFORMATION

NAME OF FIRM	FEIN NO.	CERT. NO.	EXPIRATION DATE
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	
DESCRIBE THE PRIMARY BUSINESS ACTIVITY OF THE FIRM		WEB ADDRESS	

PLEASE CHECK WHICH STRUCTURE THE COMPANY IS CURRENTLY USING BELOW

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company

HAVE YOU RECEIVED ANY CONTRACTS, CLIENTS, PROJECTS OR JOBS WITH THE GOVERNMENT (FEDERAL, STATE, COUNTY OR CITY) OR PRIVATE SECTOR DUE TO YOUR MBE AND/OR WBE CERTIFICATION WITH OSWD?

☐ Yes ☐ No

If so, please provide the name of that company or entity that you provided services or commodities and the dollar amount.

NOTE: If you acquired several opportunities, please provide a list on a separate sheet and submit this information with your "Annual Update" or "Recertification Form".

OWNERSHIP/CONTROL INFORMATION

HAVE THERE BEEN ANY CHANGES IN THE OWNERSHIP OR CONTROL IN THE PAST YEAR?

☐ YES ☐ NO

CURRENT OWNERS/MEMBERS	TITLE	ETHNICITY/GENDER	OWNERSHIP/ MEMBERSHIP PERCENTAGE	NUMBER OF SHARES	DIRECTOR (YES OR NO)

I DO SOLEMNLY DECLARE AND AFFIRM THAT THE CONTENTS OF THIS ANNUAL UPDATE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

NAME/TITLE	DATE
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MBE/WBE MAJORITY OWNER'S SIGNATURE